Sep.03.2010 09:38 AM	225843	PAGE. 1/ 13
TATE OF SOUTH CAROLINA	) ) BEFORE	тне
(Caption of Case) Example: Application for a Class C Charter Certificate from	) PUBLIC SERVICE ( OF SOUTH CA	
John Doe dha Doe's Limo The Marrier District Code Transportation by	TRANSPORTATION	COVER SHEET
	DOCKET 20/0 -	307.1
	<ul> <li>If this is your first time filing an applie have a Docket Number. The Commission have filed with the Commission before and should be entered above.</li> </ul>	on will assign one to you. If you
(Please type or print)  Submitted by: Device His Levis	Telephone: (843) 42	31166
Address: 318 N. Whin Street	7.247 \ 7.40	
Mayor 50 2057	Other:	
,	Email: The Macuen 198	(e a) att Net
Application - Class A/A Restricted	Request for Name	Change on Certificate
	Service Control Contro	•
Application - Class C Taxi  Application - Class C Charter	Fil Payment to Amond	Scope of Authority Tariff (rate merease, etc.)
Application - Class C Charter Bus	Request to Amend	
[ Application - Class C Non-Emergency SEP 0 3	****	Tayyong Ci Iyiiii
	2	
Application - Class C Stretcher Van  CLERK'S  Application - Class E Household Goods	I sate-Filed Exhibit	
Application - Class E Hazardous Waste	Letter	
Application	Proposed Order	
Request for Extension to Comply with Order	Publisher's Affiday	vit .
Request for Order Granting Authority to Obtain a Certificat of Public Convenience and Necessity to be Rescinded	Reservation Letter	
_	Response	
Request for Cancellation of Certificate	Return to Petition	
Request for Suspension	Other	

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.



#### PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax:

Fax: (803) 896-5199

# APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

	E SCEIAE	D Da	nto: 9/2/10
CLASS C - CHARTER	SEP 0 3 2010		
	PSC SC CLER <b>K'S OFFIC</b> E		
Application is hereby made for a Cof S.C. Code Ann., § 58-23-10, et s			Necessity, in accordance with the provision
Name under which business is to be	conducted (corporation, page	artnership, or	sole proprietorship, with or without trade nan
The Marion In	ternet Cole Tran	sportati	ion LLC
			50 29511
	ling Address of Applicant i		
(843) 423-1/4	5.6	(843) 4	4/23 - 1166 Fax
Phone			Fax
	he Mayer Carle Co 9	H, Not ddress	
t. If incorporated, a copy of Article Secretary of State "Foreign Corp	•	be attached.	(If incorporated outside of SC, attach SC
Select Entity Type: (Check one)  Individual Owner/Sole Prop	prietorship		
Partnership - List names an	•	_	
Corporation - List names an			
Demetric Long	112 Curry Rd	Mullins	56 24574
Michael O'Took	404 Allen Price	Marion :	54 29571
		•	
			- Control of the Cont

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

#### **BALANCE SHEET**

	Month 9 Year 26/				
	Western J.				
Assets:					
Cash					
Receivables					
Real Estate	<u> </u>				
Buildings and Equipment (Net)	Ü				
Motor Vehicles (Net)	\$1200				
Garage Equipment (Net)					
Machinery and Tools (Net)	0				
Supplies on Hand	0				
Prepaids and Other Assets	U				
Total Assets	B1200				
Liabilities and Equity:					
Accounts Payable	زر				
Notes Payable	()				
Mortgages Payable	U				
Equipment Obligations	U				
Accrued Salaries and Wages	O				
Other Accrued Obligations	U				
Other Liabilities	()				
Total Liabilities	40				
Capital Stock	()				
Retained Earnings	C				
Total Equity	C				
Total Liabilities and Equity	# 12 (1/)				

#### PROPOSED RATES AND CHARGES FOR SERVICE

aximum Proposed Rates and Charges for Service are as follows:							
	,,,,,						

Counties to be Served:			
Marion,	Dillon	Florence,	Horry

Maximum Number of Passengers per Vehicle:

7

## DESCRIPTION OF EQUIPMENT

MAKE YEAR & MODEL		ODEL	VIN#	WEIGHT EMPTY	SEATING CAPACITY	
Plymod	1997	Voyoger	2P4FP2380VR103811	3400	<i>·</i> 1	
			S		**************************************	
	No. of the section toward section of the contract of					
	The second second is a second			MAC 4 1 101 111 111 111 111 111 111 111 111		
		V			*** /4 ******	
	200 - Maria de 100 100 100 100 100 100 100 100 100 10					
		****				

#### INSURANCE QUOTE

The following insurance quote is for:	
	Name of Motor Carrier
	Address of Motor Carrier
Amount of Premium:	Limits Quoted: (See Below)
iability Insurance \$	Limits
he above quoted premium is for a term of	months.
Minimum Limits - Intrastate Only:	
1-7 Passengers	\$ 25,000/50,000/25,000
8-15 Passengers	\$ 25,000/100,000/25,000
	* See A Hacked *
Na	ame of Insurance Company
Hom	e Office Address of Company
om familiar with the Commission's Rules and cets the minimum insurance limits prescribed buth Carolina Department of Insurance to do	I Regulations relating to insurance requirements and the above quote d. The insurance company making this quote is authorized by the business in South Carolina.
Date	authorized Insurance Company Representative's Signature

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

5 of 9

The Ulmer Agency PO Box 421 St Matthews, SC 29135 Ph: 803-655-5199

Fax: 803-655-5198

Commercial General Liability Quote for:

The Marion Internet Café Transportation, LLC

General Liability: \$1,000,000 per occurrence / \$2,000,000 Aggregate

Total Annual Premium - \$1236.00

Scottsdale Insurance Company

If you have any further questions please let me know.

Thank You, Fred Ulmer

#### Exhibit FWA

The Marior Internet (ale Transportation LLC)
Name of Applicant

Are there currently any outstanding judgments against the Applicant?
 Yes
 No
 If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these

statutes and regulations?

Yes

O No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

Yes

O No

## **Exhibit on Driver Qualifications**

١.	Applicani understa	nds that all drivers must be	a minimum of 18 years of age.
	Ø Yes	○ No	
2.	and such record from the maintained in the	ands that a certified copy of the the DMV of the state in vie Applicant's business office.	he driver's three (3) year driving record issued by the SC DMV which the driver is or has been domiciled for such period must e.
	⊗ Yes	O No	
3.	Applicant understar	nds that a criminal history b I in the Applicant's business	ackground check from the state where the driver currently lives office.
	<b>Ø</b> Yes	O No	
4.	state of residence o	en operating a charter vehic	a vehicle under a Class C Charter Certificate must have in le, a valid driver's license issued by the SC DMV or the current
	⊗ Yes	O No	
5.	State Law Enforcen	nds that all Class C Charter ( who are registered, or requirement Division or any national	Certificate holders are prohibited from employing or leasing ed to be registered, as sex offenders with the South Carolina I registry of sex offenders.
	Y Yes	O No	

#### PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA **POST OFFICE DRAWER 11649** COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance

Heinst Cate Transportation LLC plicant's Signature
e/
forth in the foregoing, swear or rect.

Signature of Applicant's Representative

Commission Expires MY COMMISSION EXPIRES 11-03-2013

Logist	i <b>C</b> a	re		ven	cle Inspecti	on Şi	neet	
Initial Inspection (YES	NO	Rei	nspection	YES NO	Date		1.57.	
Transportation Provider:		<del></del>				17/:	1 - 5	
Make/Model/Year:	1	پاکستان			Vehicle Cole	_ L	• • •	
VIN:	₹1214 F		<u></u>	** \$1.1	Vehicle Capacity	··   ···		_
Liconsa Number		<u> </u>	1. 1. 1.1	**************************************	Wheelchair lift type		A .	
License Expiration Date:	4.4.11			•	1 III location			
	15/15				Odometer/Mileage	do	21 1	/
Exterior Safety	PA	-	E FAL	Signs		PASS	SERVICE	FAL
Exterior Mirrors **			ļ 	Ladouor Company Placant	(froff) sados)			
Brakes**				Interior Company/LCTC C	onlactinfo.			
Irako Lights**	<del></del>			"NO SMOKING LEATING	DRINKING"		ļ	<b></b>
leadlights*			······	"All Passengers Must We.			ļ	ļ
fazard Lights**			<del></del>	Wall Panel/Headliner	rai	PASS	SERVICE	FAL
Reverse Lights				Vehicle Body Integrity**		1.:		
um Signals**		• • •		Operational Doors."		<b>,</b> ,		
arking Brake**		→ · · an		Wheel C		2400		
ront fire tread 4/32" **	<del></del>			Miginum 56" Interior Head		PASS	SERVICE	FAL
toar lire tread 2/32" **			•	Wheelchair tall fully operal		}		<b></b>
pare Tire & Jack **	· ·			Hand Rais*		ļ		<del>                                     </del>
Vindshield Wipors Operational**	100			Lift Controls Inside Vahicle	and Secure*	<del> </del>		
Vindshold Condition**	12			Shouldor Restraint				<u> </u>
urrent state/county/city inspection sti	cker			Lap Belt*		†		<b></b>
Interior Safety Equipment	PAS	S SERVICE	FAIL	4 Floor Straps-Forward Fa	ing Position*	<u> </u>		
letal Step/Running Board	14 1		]	Lift Lock in Up/Position**	The Company of the Co			<b></b>
eat Belts'				Parking Brake & Engine Inf	erlock System**	1		
Seat Belt Extensions out Belt Cutter*			<u></u>	Metal Mesh/Non Skid Plate**				
				Minimum Door Opening 30"W x 56"H**				
/orking Speedometer/Odometer ** ubber/Carpet Floor				Emergency Manual Litt**				
o-Hazard Spill Kit**		•	·	Minimum Lift Dimensions 3	D"W × 48"L **			
rst Art Kit*				Lift Reflector Tape				
re Extinguisher(s) Mounted **				Stretche	r	PASS	SERVICE	FAL
Emergency Triangle Reflectors			<del></del>	Stretcher Type 1/Type 2 ***	••			
tenor Lights	· · · · · · · · · · · · · · · · · · ·		ļ .	Mattress: Non-palgons Labor	al least 3' Thick**			
ear View Mirror	——————————————————————————————————————		<del></del>	Restraining straps (chest, h	φ, & knee;**			
pholstery Condition		<del></del>	·	Restraint for upper torso				
loan Interior			+	Straps have metal to metal Clean Stretcher Linen**	quick-release"			
perational Windows**	<del></del>	_		Exil/Entry Area Clear			-	
C/Heat/Defroster**	-			Assistant Seat (Located in pas				
dra Electrical Fuses	<del></del>	-		Oxygon Tank Rentention Sy	sengar arna''')			
perational Flashlight			<del> </del>	Waterless Antisephic Handw	eneli	1	· · · · · ·	
ose items secure & off floor		<del> </del>	ł·	Disinfection Supplies/Sciller	Luen Bag			
Scraper (where required)		· • • • • • • • • • • • • • • • • • • •		Blankots, Pillows, Rain Clott	is Chain			
Communication	PASS	SERVICE	FAR	For Van Stretch		PASS.	BERVICE	CAR
Way Radio or Cellular Phone"				Stretcher Anchorages, Cent		PAGE	SEMPLE .	FAL.
Information Package	PASS	SERVICE	FAIL	333.33	or relocations			
rrent Vehicle Registration				** Denotes that ve	hicle must be re	dlined	if ligto	d
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ip of Survice Area imments:								
Circle outcome of inspection:	PASS		DBO\"	IONAL - good for 10 days				
The state of the s	. ~33					. 1 . 4	10	
·	1 20 11		, 1(0,4)0	TOTAL 4 GOOD 167 18 days	FAILED - ve	ticle red	iiriea.	

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# The State of South Carolina

Office of Secretary of State Mark Hammond

# **Certificate of Existence**

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

MARION INTERNET CAFE TRANSPORTATION LLC THE, A Limited Liability Company duly organized under the laws of the State of South Carolina on August 25th, 2010, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 31st day of August, 2010!

Mark Hammond, Secretary of State